

# Alaska New Hire Reporting Form

Send completed form to:  
MS 14 New Hire Reporting Section  
CHILD SUPPORT ENFORCEMENT DIVISION  
550 W 7<sup>th</sup> AVE STE 310  
ANCHORAGE AK 99501-6699

Or fax to: (907) 787-3197  
(907) 787-3181  
Message Line: (907) 269-6685  
Toll free in Alaska: 1 (877) 269-6685  
For information call: (907) 269-6089  
(907) 269-6776

## Employer Information

Submission Date (Year / Month / Date)	Contact Phone Number *	Contact Name *	Contact Title *
Employer Federal Identification Number (FEIN)	Employer AK Department of Labor Number *		
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Employer Name	Employer - Doing Business As / Also Known As *		
Employer Payroll Mailing Address	City	State	Zip Code
Employer Physical Address "Same" if same as mailing address	City	State	Zip Code

## Employee Information

Employee Social Security Number	Employee First Name	M.I.	Employee Last Name
Employee Street Address	City	State	Zip Code
Employee Date of Hire *	Year	Month	Day
Employee Date of Birth *	Year	Month	Day

Employee Social Security Number	Employee First Name	M.I.	Employee Last Name
Employee Street Address	City	State	Zip Code
Employee Date of Hire *	Year	Month	Day
Employee Date of Birth *	Year	Month	Day

Employee Social Security Number	Employee First Name	M.I.	Employee Last Name
Employee Street Address	City	State	Zip Code
Employee Date of Hire *	Year	Month	Day
Employee Date of Birth *	Year	Month	Day

\* Providing this optional data enhances our ability to perform services more efficiently.

## New Hire Reporting – continued

Employer Name Employer Federal Identification Number (FEIN) Submission Date (Year / Month / Date)

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Employee Social Security Number Employee First Name M.I. Employee Last Name

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Employee Street Address City State Zip Code

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Year Month Day Year Month Day

Employee Date of Hire *				Employee Date of Birth *			
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Employee Social Security Number Employee First Name M.I. Employee Last Name

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Employee Street Address City State Zip Code

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Year Month Day Year Month Day

Employee Date of Hire *				Employee Date of Birth *			
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Employee Social Security Number Employee First Name M.I. Employee Last Name

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Employee Street Address City State Zip Code

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Year Month Day Year Month Day

Employee Date of Hire *				Employee Date of Birth *			
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Employee Social Security Number Employee First Name M.I. Employee Last Name

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Employee Street Address City State Zip Code

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Year Month Day Year Month Day

Employee Date of Hire *				Employee Date of Birth *			
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Employee Social Security Number Employee First Name M.I. Employee Last Name

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Employee Street Address City State Zip Code

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Year Month Day Year Month Day

Employee Date of Hire *				Employee Date of Birth *			
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